

# **NFTC VALIDATION VISIT SUGGESTED SCHEDULES** **Objectives, Participants, and Process**

## **Sample Agenda 1**

### **VALIDATION VISIT DAY 1**

#### **4:00 – 6:00 PM Inter-Agency Roundtable**

**Facilitator:** Hospital Representative/Liaison to EOC

**Logistics:** Hospital provides enclosed room

- Participants sign NFTC Statement of Agreement to Maintain Confidentiality of Records and Information;
- NFTC reimburses cost of beverages and modest refreshments, i.e., cheese/crudités plate, cookies, brownies, etc.

#### **Objectives:**

1. Share knowledge about external agencies role in a Unified Incident Command System.
2. Representatives will describe how their agency supports the hospital/trauma center in the event of a large scale disaster, with attention to unique local or regional hazards/threats, i.e., flood, seismic, chemical, etc.
3. Identify the extent of emergency preparedness plan (EPP) training and its effectiveness when interviewing key agency representatives, focusing on events involving the hospital/trauma center and “front line” personnel as well as agency leadership.
4. **Review how communications and operations will be conducted should event occur “off hours or on weekends”.\***
5. Emphasize learning about external agency communication, planning and coordination with hospital.
6. Prepare agencies to receive and respond to a message from the Trauma Center as if all routine forms of communication are disabled.

#### **Invite one representative from agency/department:**

Convene group of key representatives most knowledgeable or authorized to act in coordination with the hospital in an mass casualty situation,. Suggested representatives are as follows but will need to be adapted for each unique locale.

**External agencies:** EMS, Fire Dept., Law Enforcement (city/county), Emergency Management Division (9-1-1 Dispatch & Communications), County Public Health Dept., Medical Examiner, Military (Local base command/National Guard/Coast Guard if appropriate), Red Cross, Poison Control; consider inviting others with established relationships, i.e., Homeland Security, FBI, etc.

**Hospital Representatives:** Hospital Administrator, Chief of Medical Staff, CNO, Emergency Preparedness Coordinator, ED Medical Director, ED Nurse Manager, Trauma Medical Director, Trauma Program Manager, Hospital Representative to City/County EOC ICS Liaison Officer, Public Information Officer, Chief of Security.

## **VALIDATION VISIT DAY 2**

### **7:30 AM- 12:00 Hospital/Trauma Center Tour**

**Facilitator:** Trauma Program Manager or Emergency Preparedness Coordinator

**Logistics:** Hospital designated liaison organizes tour

- Appropriate for layout of hospital and availability of personnel.
- Liaison accompanies NFTC Validation Visitor on tour as observer.
- Liaison coordinates interviews, access to documents, and key departments.
- Validation Visitor is given hospital identification and access to secure areas as required to facilitate collection of information.

#### **Objectives:**

1. Validate the hospital/trauma center's self-reported responses to the NFTC survey.
2. Increase knowledge about how the hospital implements Emergency Preparedness Plan (EPP).
3. **Test the transmission of a message to an external agency under conditions where routine forms of communication are unavailable. \***
4. Interview key hospital leaders regarding their knowledge about the EPP.
5. Briefly speak with "front-line" staff in key departments to determine their knowledge and training about the EPP.
6. Identify areas of achievement and innovation.
7. Recommend improvements or gaps in preparedness as appropriate.
8. Provide key hospital leadership with overview of preparedness strengths and opportunities for improvement.

**Tour and schedule:** The following tour areas are proposed with the intent to follow the flow of patient care from the point of entry into the hospital through the respective care areas. The purpose of the tour is to validate information and answer questions about the hospital's preparedness to respond to a large-scale disaster as detailed on the Validation Tool (attachment). The tour schedule and areas of visitation may need to be altered to accommodate individual hospital departments and/or staff schedules.

**7:30-8:30 AM** Helipad; EMS/POV emergency department entry; decontamination; Hospital and Base/EMS communications

**8:30- 9:30** Triage/ED; OR/PACU; ICU; overflow patient area; mortuary

**9:30-10:30** EOC & alternate sites; security/monitoring; media area

**10:30-11:15** Vendor delivery area; storage & stockpile areas; Central Supply; Dietary

**11:15-12:00** Water/fuel storage and re-supply; generator and backup power system

### **12:00 – 4:00 PM Working lunch, interviews, document review**

#### **Logistics:**

- Private room for modest lunch and interviews.
- Notebooks, manuals, call lists, policies and procedures available (see proposed documents list below).
- Evaluations and reports of table-top or actual drills or MCI events.
- List of names and phone numbers of interviewees for follow-up if necessary.

**12:00 – 1:30 Hospital Management Lunch** - The following individuals are suggested to attend a roundtable luncheon for the purpose of discussing their respective department's role in preparing for and responding to a large scale disaster: Department managers from ED, radiology, lab/blood bank, respiratory services, nursing units including OR, pharmacy, central supply, chaplain services, building maintenance, security, social services, and other individuals deemed appropriate by the hospital.

**1:30-4:00**

**Interviews** – It would be desirable to have the following individuals (or their designee) available to discuss their role in preparing and responding to a large-scale disaster. Any documentation deemed appropriate should be brought to the interview. Suggested topics of discussion are listed but are further detailed on the attached Validation Tool.

- CEO – Authority for activation of hospital’s disaster plan; role of hospital Administration during a disaster; communication and coordination with external agencies; hospital sustainability, emergency credentialing of mutual-aid responders, disaster preparedness goals, etc.
- CFO – Billing and financial tracking system during disaster, i.e. special codes, back-up system in the event of complete electrical /electronic failure, etc.
- **IS/IT Manager – Back-up plan/system for mass computer failure\***.
- House Supervisor – Process for managing and expanding bed space and staff resources
- Public Information/Relations Officer – Authority and process for releasing information, managing media onslaught, etc.

**Documents Review** – The Validation Visitor will use this period of time to review documents that were not previously reviewed or may wish to clarify information with the hospital’s leadership, tour facilitator or other individuals. In addition, the Validation Visitor will prepare his/her discussion points for the exit conference.

### **Documents**

The following is a list of documents that may aide the reviewer in validating and assessing the hospital’s preparedness to respond to a large-scale disaster:

- **Hospital Emergency Preparedness or Disaster Management Plan (EMP)\***
- Regional/state EMP
- Regional trauma plan
- Disaster drill records including evaluation and recommendations\*
- **List of areas, equipment on backup power supply\***
- Hazard Vulnerability Report and recommendations

**\* Copy sent to Validation Visitor two weeks prior to visit.**

**4:00 – 5:00**

### **Exit Conference**

#### **Logistics:**

- Invite key leaders
- Small group
- City/County EOC Incident Commander

## Sample Agenda 2

### VALIDATION HOSPITAL TOUR (BREAK IN TWO SEGMENTS)

#### 3:00 – 5:30 PM Day 1 Hospital/Trauma Center Tour

**Facilitator:** Trauma Program Manager or Emergency Preparedness Coordinator

**Logistics:** Hospital designated liaison organizes tour

- Appropriate for layout of hospital and availability of personnel.
- Liaison accompanies NFTC Validation Visitor on tour as observer.
- Liaison coordinates interviews, access to documents, and key departments.
- Validation Visitor is given hospital identification and access to secure areas as required to facilitate collection of information.

#### **Objectives:**

1. Validate the hospital/trauma center's self-reported responses to the NFTC survey.
2. Increase knowledge about how the hospital implements Emergency Preparedness Plan (EPP).
3. **Test the transmission of a message to an external agency under conditions where routine forms of communication are unavailable. \***
4. Interview key hospital leaders regarding their knowledge about the EPP.
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6. Identify areas of achievement and innovation.
7. Recommend improvements or gaps in preparedness as appropriate.
8. Provide key hospital leadership with overview of preparedness strengths and opportunities for improvement.

**Tour and schedule:** The following tour areas are proposed with the intent to follow the flow of patient care from the point of entry into the hospital through the respective care areas. The purpose of the tour is to validate information and answer questions about the hospital's preparedness to respond to a large-scale disaster as detailed on the Validation Tool (attachment). The tour schedule and areas of visitation may need to be altered to accommodate individual hospital departments and/or staff schedules.

<b>3:00- 4:00 PM</b>	Helipad; EMS/POV emergency department entry; decontamination; Hospital and Base/EMS communications
<b>4:00- 4:45</b>	Vendor delivery area; storage & stockpile areas; Central Supply; Dietary
<b>4:45- 5:30</b>	Water/fuel storage and re-supply; generator and backup power system

### Day 2 Validation Visit

#### 7:00 – 9:00 AM Inter-Agency Roundtable

**Facilitator:** Hospital Representative/Liaison to EOC

**Logistics:** Hospital provides enclosed room

- Participants sign NFTC Statement of Agreement to Maintain Confidentiality of Records and Information;
- NFTC reimburses cost of beverages and modest refreshments, i.e., fruit, breakfast breads, etc.

#### **Objectives:**

1. Share knowledge about external agencies role in a Unified Incident Command System.
2. Representatives will describe how their agency supports the hospital/trauma center in the event of a large scale disaster, with attention to unique local or regional hazards/threats, i.e., flood, seismic, chemical, etc.

3. Identify the extent of emergency preparedness plan (EPP) training and its effectiveness when interviewing key agency representatives, focusing on events involving the hospital/trauma center and “front line” personnel as well as agency leadership.
4. **Review how communications and operations will be conducted should event occur “off hours or on weekends”.\***
5. Emphasize learning about external agency communication, planning and coordination with hospital.
6. Prepare agencies to receive and respond to a message from the Trauma Center as if all routine forms of communication are disabled.

**Invite one representative from each agency/department:**

Convene group of key representatives most knowledgeable or authorized to act in coordination with the hospital in an mass casualty situation. Suggested representatives are as follows but will need to be adapted for each unique locale.

**External agencies:** EMS, Fire Dept., Law Enforcement (city/county), Emergency Management Division (9-1-1 Dispatch & Communications), County Public Health Dept., Medical Examiner, Military (Local base command/National Guard/Coast Guard if appropriate), Red Cross, Poison Control; consider inviting others with established relationships, i.e., Homeland Security, FBI, etc.

**Hospital Representatives:** Hospital Administrator, Chief of Medical Staff, CNO, Emergency Preparedness Coordinator, ED Medical Director, ED Nurse Manager, Trauma Medical Director, Trauma Program Manager, Hospital Representative to City/County EOC ICS Liaison Officer, Public Information Officer, Chief of Security.

**VALIDATION HOSPITAL TOUR (CONTINUED)**

**9:00 AM – 1:00 Hospital/Trauma Center Tour**

**Facilitator:** Trauma Program Manager or Emergency Preparedness Coordinator

**Logistics:** Hospital designated liaison organizes tour

- Appropriate for layout of hospital and availability of personnel.
- Liaison accompanies NFTC Validation Visitor on tour as observer.
- Liaison coordinates interviews, access to documents, and key departments.
- Validation Visitor is given hospital identification and access to secure areas as required to facilitate collection of information.

**Objectives: Refer to Day 1, 3:00 – 5:30 PM**

**9:00-10:00** Triage/ED; OR/PACU; ICU; overflow patient area; mortuary

**10:00-11:00** EOC & alternate sites; security/monitoring; media area

**11:30- 1:00 PM Lunch with Hospital Managers**

The following individuals are suggested to attend a roundtable luncheon for the purpose of discussing their respective department’s role in preparing for and responding to a large scale disaster: Department managers from ED, radiology, lab/blood bank, respiratory services, nursing units including OR, pharmacy, central supply, chaplain services, building maintenance, security, social services, and other individuals deemed appropriate by the hospital.

**1:00 – 4:00 PM Interviews, document review**

**Logistics:**

- Private room for modest lunch and interviews.

- Notebooks, manuals, call lists, policies and procedures available (see proposed documents list below).
- Evaluations and reports of table-top or actual drills or MCI events.
- List of names and phone numbers of interviewees for follow-up if necessary.

**1:00-4:00**     **Interviews** – It would be desirable to have the following individuals (or their designee) available to discuss their role in preparing and responding to a large-scale disaster. Any documentation deemed appropriate should be brought to the interview. Suggested topics of discussion are listed but are further detailed on the attached Validation Tool.

- CEO – Authority for activation of hospital’s disaster plan; role of hospital Administration during a disaster; communication and coordination with external agencies; hospital sustainability, emergency credentialing of mutual-aid responders, disaster preparedness goals, etc.
- CFO – Billing and financial tracking system during disaster, i.e. special codes, back-up system in the event of complete electrical /electronic failure, etc.
- **IS/IT Manager – Back-up plan/system for mass computer failure\***.
- House Supervisor – Process for managing and expanding bed space and staff resources
- Public Information/Relations Officer – Authority and process for releasing information, managing media onslaught, etc.

**Document Review** – The Validation Visitor will use this period of time to review documents that were not previously reviewed or may wish to clarify information with the hospital’s leadership, tour facilitator or other individuals. In addition, the Validation Visitor will prepare his/her discussion points for the exit conference.

**Documents**

The following is a list of documents that may aide the reviewer in validating and assessing the hospital’s preparedness to respond to a large-scale disaster:

- **Hospital Emergency Preparedness or Disaster Management Plan (EMP)\***
- Regional/state EMP
- Regional trauma plan
- Disaster drill records including evaluation and recommendations\*
- **List of areas, equipment on backup power supply\***
- Hazard Vulnerability Report and recommendations

**4:00 – 5:00**

**Logistics:**

**Exit Conference**

- Invite key leaders
- Small group
- City/County EOC Incident Commander
- **Copy sent to Validation Visitor two weeks prior to visit.**

## Sample Agenda 3

### VALIDATION VISIT DAY 1

#### 3:00- 4:30 PM Meeting with Hospital Managers

The following individuals are suggested to attend a roundtable for the purpose of discussing their respective department's role in preparing for and responding to a large scale disaster: Department managers from ED, radiology, lab/blood bank, respiratory services, nursing units including OR, pharmacy, central supply, chaplain services, building maintenance, security, social services, and other individuals deemed appropriate by the hospital.

#### 4:30 – 5:30 PM Interviews, document review (Break into 2 segments)

##### Logistics:

- Private room for modest lunch and interviews.
- Notebooks, manuals, call lists, policies and procedures available (see proposed documents list below).
- Evaluations and reports of table-top or actual drills or MCI events.
- List of names and phone numbers of interviewees for follow-up if necessary.

**4:30-5:30 Interviews** – (Based on availability) It would be desirable to have the following individuals (or their designee) available to discuss their role in preparing and responding to a large-scale disaster. Any documentation deemed appropriate should be brought to the interview. Suggested topics of discussion are listed but are further detailed on the attached Validation Tool.

- CEO – Authority for activation of hospital's disaster plan; role of hospital Administration during a disaster; communication and coordination with external agencies; hospital sustainability, emergency credentialing of mutual-aid responders, disaster preparedness goals, etc.
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- **IS/IT Manager – Back-up plan/system for mass computer failure\***.
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**Document Review** – The Validation Visitor will use this period of time to review documents that were not previously reviewed or may wish to clarify information with the hospital's leadership, tour facilitator or other individuals. In addition, the Validation Visitor will prepare his/her discussion points for the exit conference.

##### Documents

The following is a list of documents that may aide the reviewer in validating and assessing the hospital's preparedness to respond to a large-scale disaster:

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- Regional trauma plan
- Disaster drill records including evaluation and recommendations\*
- **List of areas, equipment on backup power supply\***
- Hazard Vulnerability Report and recommendations

## VALIDATION VISIT DAY 2

### HOSPITAL TOUR

1. **Objectives:**
2. Validate the hospital/trauma center's self-reported responses to the NFTC survey.
3. Increase knowledge about how the hospital implements Emergency Preparedness Plan (EPP).
4. **Test the transmission of a message to an external agency under conditions where routine forms of communication are unavailable. \***
5. Interview key hospital leaders regarding their knowledge about the EPP.
6. Briefly speak with "front-line" staff in key departments to determine their knowledge and training about the EPP.
7. Identify areas of achievement and innovation.
8. Recommend improvements or gaps in preparedness as appropriate.
9. Provide key hospital leadership with overview of preparedness strengths and opportunities for improvement.

### 7:30 AM– 12:00 PM Day 1 Hospital/Trauma Center Tour

**Facilitator:** Trauma Program Manager or Emergency Preparedness Coordinator

**Logistics:** Hospital designated liaison organizes tour

1. Appropriate for layout of hospital and availability of personnel.
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**7:30-8:30 AM** Helipad; EMS/POV emergency department entry; decontamination; Hospital and Base/EMS communications

**8:30- 9:30** Triage/ED; OR/PACU; ICU; overflow patient area; mortuary

**9:30-10:30** EOC & alternate sites; security/monitoring; media area

**10:30-11:15** Vendor delivery area; storage & stockpile areas; Central Supply; Dietary

**11:15-12:00** Water/fuel storage and re-supply; generator and backup power system

### 12:00 – 2:00 PM Inter-Agency Roundtable

**Facilitator:** Hospital Representative/Liaison to EOC

**Logistics:** Hospital provides enclosed room

- Participants sign NFTC Statement of Agreement to Maintain Confidentiality of Records and Information;
- NFTC reimburses cost of modest lunch (suggest boxed), beverages

#### **Objectives:**

1. Share knowledge about external agencies role in a Unified Incident Command System.
2. Representatives will describe how their agency supports the hospital/trauma center in the event of a large scale disaster, with attention to unique local or regional hazards/threats, i.e., flood, seismic, chemical, etc.

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4. **Review how communications and operations will be conducted should event occur “off hours or on weekends”.\***
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**External agencies:** EMS, Fire Dept., Law Enforcement (city/county), Emergency Management Division (9-1-1 Dispatch & Communications), County Public Health Dept., Medical Examiner, Military (Local base command/National Guard/Coast Guard if appropriate), Red Cross, Poison Control; consider inviting others with established relationships, i.e., Homeland Security, FBI, etc.

**Hospital Representatives:** Hospital Administrator, Chief of Medical Staff, CNO, Emergency Preparedness Coordinator, ED Medical Director, ED Nurse Manager, Trauma Medical Director, Trauma Program Manager, Hospital Representative to City/County EOC ICS Liaison Officer, Public Information Officer, Chief of Security.

**2:00 – 4:00 PM Interviews, document review (continued)**

**Logistics:**

- Private room for modest lunch and interviews.
- Notebooks, manuals, call lists, policies and procedures available (see proposed documents list below).
- Evaluations and reports of table-top or actual drills or MCI events.
- List of names and phone numbers of interviewees for follow-up if necessary.

Refer to objectives from Day 1: 4:00 – 5:30 PM

**4:00 – 5:00 PM Exit Conference**

**Logistics:**

- Invite key leaders
- Small group
- City/County EOC Incident Commander

**\* Copy sent to Validation Visitor two weeks prior to visit.**